

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/565886

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3							53						
4	1						54						
5	1						55						
6	1						56						
7							57						
8	1						58						
9	1						59						
10	1						60						
11	1						61						
12	1						62						
13	1						63						
14	1						64						
15	1						65						
16	1						66						
17	1						67						
18	1						68						
19							69						
20							70						
21							71						
22	1						72						
23	1						73						
24	1						74						
25	1						75						
26	1						76						
27							77						
28	1	1					78						
29	1	1					79						
30	1	1					80						
31	1	1					81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	13												
TOTAL DEP.	37												
TOTAL CLAIMS	30												